PTO/SB/21 (09-04)

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TRANSMITTAL	
FORM	

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number		10/721,439	
	Filing Date	November 24, 2003	
First Named Inventor		Seyed Jafar Jafarian-Tehrani et al.	
Art Unit		2821	
	Examiner Name	Dinh, Trinh Vo	
	Attorney Docket Number	LAM-P1028X (032747-042)	

	ENCLOSURES (check all that apply)			
Fee Transmittal Form	Drawing(s)		After Allowance Communication to TC	
Fee Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences	
Amendment / Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
After Final	Petition to Convert to a Provisional Application		Proprietary Information	
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Addres	ss	Status Letter	
Extension of Time Request	Terminal Disclaimer		Other Enclosure(s) (please identify below):	
	Request for Refund		return postcard	
Express Abandonment Request	CD, Number of CD(s)			
Information Disclosure Statement	Landscape Table on CD			
Certified Copy of Priority Document(s)	Remarks			
Reply to Missing Parts/ Incomplete Application				
Reply to Missing Parts under 37 CFR1.52 or 1.53				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm	Thelen Reid & Priest LLP			
Signature	- Risen to			
Printed Name	Thierry K. Lo			
Date		Reg. No.	49,097	
	CERTIFICATE OF TRANSMISSIO	NI/M ATI	ING	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	Dione morse		
Typed or printed name	Diane Morse	Date	2-8-05

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FEE TRANSMITTAL for FY 2005		Complete if Known		
		Application Number	10/721,439	
		Filing Date	November 24, 2003	
		First Named Inventor	Seyed Jafar Jafarian-Tehrani et al.	
Applicant claims small entity s	tatus. See 37 CFR 1.27	Examiner Name	Dinh, Trinh Vo	
TOTAL AMOUNT OF PAYMENT	(\$) 200.00	Art Unit	2821	
		Attorney Docket No.	LAM-P1028X (032747-042)	
METHOD OF PAYMENT (check	call that apply)			
☐ Check ☐ Credit Card ☐ M	Money Order None	Other (please identif	y):	
Deposit Account Deposit Acco	ount Number: 50-1698	Deposit Acc	ount Name: Thelen Reid & Priest LLP	

METHOD OF PAYMENT (check all that apply)			
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :			
□ Deposit Account Deposit Account Number: 50-1698 Deposit Account Name: Thelen Reid & Priest LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing to	ee		
Charge any additional fee(s) or underpayments of fee(s)			
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card			
information and authorization on PTO-2038.			
FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
FILING FEES SEARCH FEES EXAMINATION FEES			
Small Entity Small Entity Small Entity Application Type Fee (\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) Fees Paid	(8)		
Application Type Fee (\$) Fee (\$)	का		
Design 200 100 100 50 130 65			
Plant 200 100 300 150 160 80			
Reissue 300 150 500 250 600 300			
Provisional 200 100 0 0 0 0			
2. EXCESS CLAIM FEES Small Entity			
Fee Description Fee (\$) Fee (\$)			
Each claim over 20 (including Reissues) 50 25			
Each independent claim over 30 (including Reissues) 200 100			
Multiple dependent claims Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent C	laime		
Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent C			
<u> </u>	110 (\$)		
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)			
$-3 \text{ or HP} = 1 \qquad \qquad x \qquad 200 \qquad = \qquad \frac{200}{200}$			
HP = highest number of independent claims paid for, if greater than 3.			
3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer			
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50			
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)			
- 100 = /50 = (round up to a whole number) x =			
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge):	ľ		

SUBMITTED BY			
Signature	shin/lo	Registration No. (Attorney/Agent) 49,097	Telephone 408-282-5800
Name (Print/Type)	Thierry K. Lo		Date 2/8/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Jafarian-Tehrani et al.

SERIAL NO.:

10/721,439

FILING DATE:

November 24, 2003

TITLE:

METHOD FOR TOOLMATCHING AND

TROUBLESHOOTING A PLASMA PROCESSING SYSTEM

EXAMINER:

Dinh, Trinh Vo

ART UNIT:

2821

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the date printed below:

Date: $2 - 8 - 0 \le$

Name:

Diane Morse

SUPPLEMENTAL AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action of 01/04/2005, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

02/16/2005 HDEMESS1 00000001 501698 10721439

01 FC:1201 02 FC:1202 200.00 DA 50.00 DA